

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-14-03.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 99245.

### **II. FINDINGS & RATIONALE**

The following table identifies the disputed services and Medical Review Division's rationale:

<b>DOS</b>	<b>CPT CODE</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>MAR\$ (Maximum Allowable Reimbursement)</b>	<b>Reference</b>	<b>Rationale</b>
5-8-02	99245	\$250.00	\$0.00	N	\$201.00	E/M GR (IX)(A)(B)	Not documented per E/M GR, reimbursement is not recommended.

### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** not entitled to reimbursement for CPT code 99245.

The above Findings and Decision are hereby issued this 28<sup>th</sup> day of December 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division